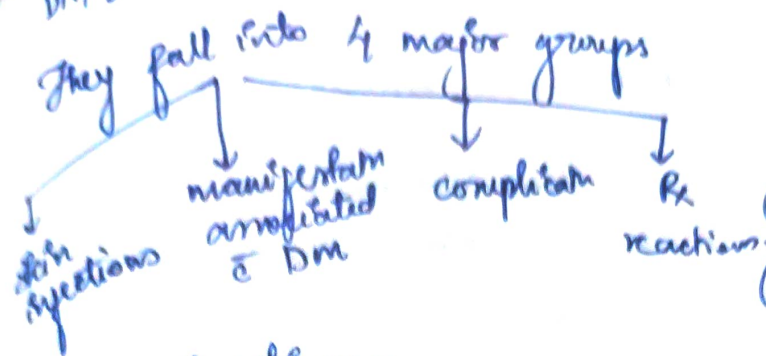


Date - 20/6/2026

Cutaneous features of Type II DM:-



1) Skin Infections -
Fungal > bacterial

- ① Impaired phagocytosis
- ② delayed neutrophil chemotaxis
- ③ reduced leukocyte adherence
- ④ abnormal microcirculation

A) Fungal & Yeast Inf:-

Candidal infections maybe the presenting complaint in uncontrolled diabetes, including oral, paronychia, intertrigo & genital candidiasis.

Rx: topical antifungals & systemic therapy

→ headache
→ fever
→ orofacial pain

• Rhinocerebral mucormycosis (Rum)

→ those in ketoacidosis.

→ rapidly progressive fungal infection originates in nasal or oral mucosa

⇒ Black eschar in these area.

⇒ Rx: - IV Amphotericin B
wide debridement

Control of underlying condition.

Bacterial Injections: furuncles.

① Leg ulcers formate from
ecthyma, cellulitis, cysticelas
↓
gangrene → amputation

② Carbuncles

③ DM pt. risk factor for group
B streptococcal infection.

④ Necrotizing fasciitis

⑤ Malignant otitis externa

↳ *Pseudomonas aeruginosa*
pain, pus, discharge, ILL facial
swelling, heavy torn, granular
tissue.
↓

Chondritis, osteomyelitis, bact.
meningitis

⑥ Pseudomonal intertrigo &
extensive erythrasma

II) CUTANEOUS ASSOCIATIONS:-

A) Diabetic Dermopathy -

Alba skin spots or pigmented
perifollicular papules

↳ multiple, B/L, annular or
irregular, erythematous papules
or plaques that gradually
evolve into atrophic, hyperpigmented
macules.

B) Necrobiosis Lipoidica

Type 1 > type 2

- Erythematous, slowly enlarging, irregular plaque
- yellowish brown telangiectatic & depressed plaque. sometimes with hypoaesthesia. violaceous rim
- painful, spontaneous or traumatic ulceration

↓ Resolute

Atrophic scarring

Sites: pretibial, medial malleolar skin → hands, forearm, abdomen, face & scalp may also be affected.

Etiology :- microangiopathy
obliterative endarteritis
immune mediated
vasculitis

nonenzymatic glycosylation of collagen
trauma
platelet aggregation

Rx :- Topical potent corticosteroids
Intralesional steroids
Topical PUVA
Cyclosporine
Clofazimine

c) Granuloma annulare - atypical
papular morphology

d) Diabetic Bullae

- Noninflamed base &
contains clear sterile fluid
- Blisters are usually painless
and non-pruritic

e) Diabetic Thick Skin

Limited joint mobility -
diabetic cheiroarthropathy
diabetic hand syndrome

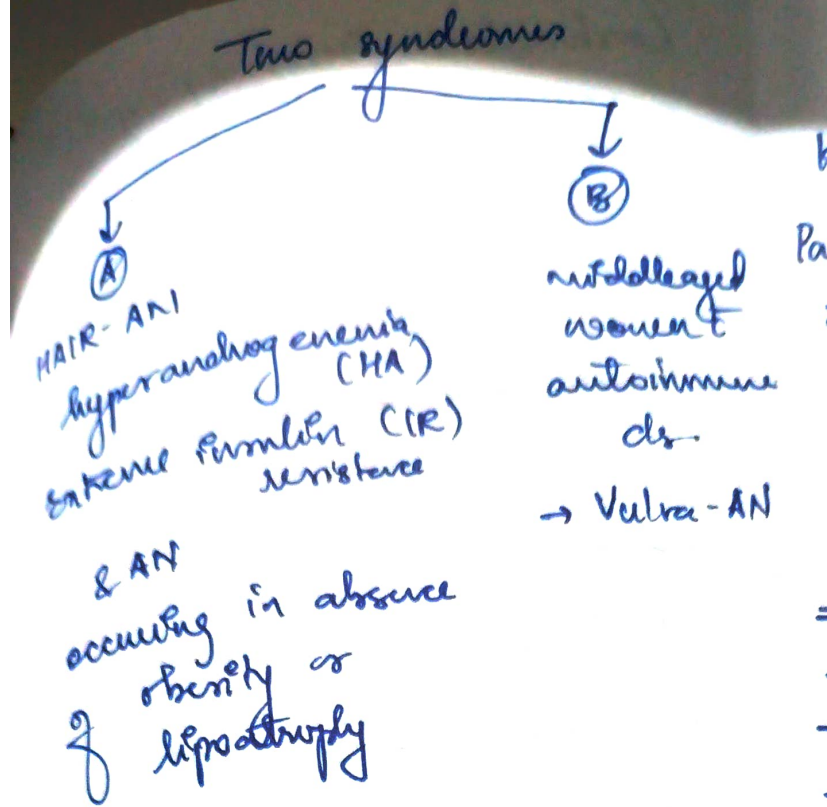
Stiffness → active → passive
movements

→ Prayer sign: unable to flatten
hand on table top or appose
palms together.

→ Huntley's papules / finger pebbles -
minute papules on knuckles.

f) Acanthosis Nigricans

- hyperpigmented, velvety,
flexural skin in DM.
- Dlt insulin binding of insulin
like growth factor receptor
on keratinocytes



- Others :-
- 1) Acquired perforating dermatosis
 - 2) Eruptive xanthomas
 - 3) Xanthelasma
 - 4) Rubro's's foci

III) Complications :-

- A) Neuropathy - Diabetic foot ulcers
Charcot's arthropathy -
repeated microtrauma
Gustatory sweating
- B) Vascular Dis :-
- C) foot ulcers

Cutaneous Rxn to Rx

maculopapular eruptions.
lichenoid rxn, urticaria,
erythema multiforme